

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

RECEIVED

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5:15 JS

231771

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER:

2011-349-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print) Lynwood B. Jackson, Jr.

Submitted by: Asheville Transport, LLC

Telephone: (C) 828-691-9432

Address: 100 Vance Street, Units

Fax: 828-298-6867

Pendleton, SC 29670

Other: 828-298-5891

Email: lynwoodbj3@bellsouth.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |                                                                                                                                           |                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Application - Class A/A Restricted                                                                               | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi                                                                                       | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter                                                                                    | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus                                                                                | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency                                                                   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van                                                                              | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods                                                                            | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste                                                                            | <input type="checkbox"/> Letter                                        |
| <input type="checkbox"/> Application                                                                                                      | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order                                                                       | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate                                                                          | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension                                                                                           | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement                                                                                        | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
 101 Executive Center Drive, Suite 100  
 Columbia, South Carolina 29210  
 (Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
 OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: August 23, 2011

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

Asheville Transport, LLC dba

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Round-A-Bout Transportation Company of SC dba Asheville Transport  
~~Currently Round-A-Bout Transportation Company~~  
100 Vance Street, Unit 5, Pendleton, SC 29670 (new office as of 9-1-11)  
 Street Address of Applicant

PO Box 9026, Asheville, NC 28815

Mailing Address of Applicant (if different from street address)

(C) 828-691-9432 828-298-5891 828-298-6867  
 Phone Fax

lynwoodbj3@bellsouth.net  
 Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Lynwood B. Jackson, III 939 New Haw Creek Rd, Asheville, NC 28805

Susan Jackson 939 New Haw Creek Rd, Asheville, NC 28805

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Balance at Time Application is Filed:

Month Sept 1 Year 2011

#### Assets:

Cash	\$95,904.13
Receivables	27,962.85
Real Estate	—
Buildings and Equipment (Net)	2,000.00
Motor Vehicles (Net)	50,000.00
Garage Equipment (Net)	—
Machinery and Tools (Net)	13,500.00
Supplies on Hand	300.00
Prepays and Other Assets	—
<b>Total Assets *</b>	<b>\$189,666.98</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	—
Notes Payable	—
Mortgages Payable	—
Equipment Obligations	—
Accrued Salaries and Wages	1,712.05
Other Accrued Obligations	20,802.57
Other Liabilities	—
<b>Total Liabilities</b>	<b>\$22,514.62</b>
Capital Stock	\$70,152.09
Retained Earnings	\$119,514.89
<b>Total Equity</b>	<b>\$70,152.09</b>
<b>Total Liabilities and Equity *</b>	<b>\$189,666.98</b>

\* Total Assets = Total Liabilities and Equity

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

<b>RATES</b>		
<b>Per person — Round trip and/or One Way</b>		
<b>Effective June 1, 2010</b>		
<b>Total Miles</b>	<b>Ambulatory</b>	<b>Wheelchair</b>
00-10	\$ 37.00	\$ 72.00
11-15	42.00	77.00
16-20	47.00	82.00
21-30	55.00	92.00
31-40	65.00	102.00
After last 40 — add \$1.80 per mile.		

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statowide" authority if you intend to operate in all counties in South Carolina.

- |                                              |                                       |                                                |                                             |                                                 |
|----------------------------------------------|---------------------------------------|------------------------------------------------|---------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Abbeville           | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence              | <input type="checkbox"/> Lee                | <input type="checkbox"/> Saluda                 |
| <input type="checkbox"/> Aiken               | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown            | <input type="checkbox"/> Lexington          | <input checked="" type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale           | <input type="checkbox"/> Chesterfield | <input checked="" type="checkbox"/> Greenville | <input type="checkbox"/> Marion             | <input type="checkbox"/> Sumter                 |
| <input checked="" type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood             | <input type="checkbox"/> Marlboro           | <input type="checkbox"/> Union                  |
| <input type="checkbox"/> Bamberg             | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton               | <input type="checkbox"/> McCormick          | <input type="checkbox"/> Williamsburg           |
| <input type="checkbox"/> Barnwell            | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry                 | <input type="checkbox"/> Newberry           | <input type="checkbox"/> York                   |
| <input type="checkbox"/> Beaufort            | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper                | <input checked="" type="checkbox"/> Oconee  |                                                 |
| <input type="checkbox"/> Berkeley            | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw               | <input type="checkbox"/> Orangeburg         | <input type="checkbox"/> Statewide              |
| <input type="checkbox"/> Calhoun             | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster             | <input checked="" type="checkbox"/> Pickens |                                                 |
| <input type="checkbox"/> Charleston          | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens               | <input type="checkbox"/> Richland           |                                                 |

### DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seats in the vehicle, including the driver's seatbelt.)

- ☐ 1-7 Passengers, including driver
- ☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Ford	2008 E 150	1FTNE14W580A32717		✓
Ford	2004 E 250	1FTNE24W74HA15832		✓
Dodge	2500	2B4JB25Y71K503255		✓

FROM :

FAX NO. :

Aug. 25 2011 11:43AM P1

**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Ashville Transport LLC (limited liability company)  
Name of Applicant

100 Vance Street, Unit 5, Pendleton, SC 29670  
Address of Applicant

**Amount of Premium:**

Liability Insurance \$ 12,525.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily Injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurrence	\$ 1,000,000	<u>1,500,000</u>
Medical Payments per Person	\$ 1,000	<u>1,000</u>

Universal Insurance Company

Name of Insurance Company

770 Highland Oaks Dr, Winston-Salem, NC 27103

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

8/25/11

Date

[Signature]  
Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**Ashville Transport, LLC  
NameEB 2992

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No


6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

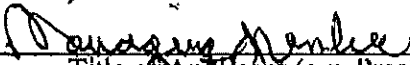
☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

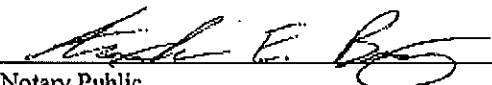
The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Applicant's Signature

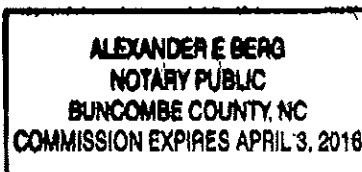
  
Title of Applicant (e.g. President, Owner, etc.)

North Carolina  
STATE OF ~~SOUTH CAROLINA~~ )  
COUNTY OF Buncombe )

SWORN TO BEFORE ME  
This 25 day of August, 2011

  
Notary Public

Commission Expires Apr 3, 2016



MC39B

BEVERLY EAVES PERDUE  
GOVERNORSTATE OF NORTH CAROLINA  
DEPARTMENT OF TRANSPORTATION  
DIVISION OF MOTOR VEHICLES  
3157 MAIL SERVICE CENTER  
RALEIGH NC 27699-3157EUGENE A. CONTI, JR.  
SECRETARYExemption Certificate No. EB 2992ASHEVILLE TRANSPORT LLC DBAROUND A BOUT TRANSPORTATION CO1070 TUNNEL RD BLDG 4 STE 1 ASHEVILLE NC 28805-2 (old address)  
as of 8-31-11

Enclosed is your Certificate of Exemption authorizing you to engage in the for-hire transportation of passengers exempt from regulation by the North Carolina Utilities Commission as set forth in North Carolina General Statute 62-260.

For-hire operations other than those set forth in G. S. 62-260 are unlawful unless you make application to and obtain from the North Carolina Utilities Commission appropriate common or contract carrier operating authority. In the event you desire such authority, instructions regarding the necessary procedure may be obtained by directing a letter to the North Carolina Utilities Commission, P.O. BOX 2950, RALEIGH, N.C. 27603.

All for-hire motor carriers are required to mark and identify the vehicles they intend to operate. It will be mandatory that your vehicles or trade name, city and state, and the exemption number, as shown above, appear on both sides of your vehicles in letters and figures not less than three (3) inches high.

Any additional vehicles you propose to operate under your Exemption Certificate and desire appropriate license plates therefore, must be registered on form MC-19B and evidence of the required insurance must be on file in this office prior to obtaining such license plates. The Motor Carrier Safety Regulation of the U. S. Department of Transportation have been adopted by the North Carolina Division of Motor Vehicles and must be observed in the performance of the service authorized by this Exemption Certificate.



# NORTH CAROLINA

## Department of The Secretary of State

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To all whom these presents shall come, Greetings:

I, **EI LAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

### ARTICLES OF ORGANIZATION

OF

**ASHEVILLE TRANSPORT, LLC**

the original of which was filed in this office on the 10th day of November, 2010.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of November, 2010

*Elaine F. Marshall*

Secretary of State

C201031200084

SOSID: 1175136

Date Filed: 11/10/2010 8:51:00 AM

Elaine F. Marshall

North Carolina Secretary of State

C201031200084


STATE OF NORTH CAROLINA  
Department of the Secretary of State

LIMITED LIABILITY COMPANY  
ARTICLES OF ORGANIZATION  
OF  
ASHEVILLE TRANSPORT, LLC

Pursuant to § 57C-2-20 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Organization for the purpose of forming a limited liability company.

1. The name of the limited liability company is ASHEVILLE TRANSPORT, LLC.
2. The period of duration of the limited liability company is perpetual.
3. The name and address of the person executing these Articles of Organization in the capacity of Organizer only is: David E. Matney, III, Matney & Associates, P.A., PO Box 7345, Asheville, NC 28802.
4. The street address and county of the initial registered office of the limited liability company is: 93 New Haw Creek Road, Asheville, NC 28805, Buncombe County.
5. The mailing address of the initial registered office is: 93 New Haw Creek Road, Asheville, NC 28805.
6. The name of the initial registered agent is: Lynwood B. Jackson, III.
7. Manager-managed L.L.C.: Except as provided by N.C.G.S. § 57C-3-20(a), the members of this limited liability company shall not be managers by virtue of their status as members.
8. Any other provisions which the limited liability company elects to include are attached.
9. These Articles will be effective upon filing.

This the 5th day of November, 2010.

  
David E. Matney, III, Organizer

# ROUND-A-BOUT FAX

Date 8-25-11

Number of pages including cover sheet

ASHEVILLE TRANSPORT, LLC  
d/b/a

TO:

DSC &amp; OHS

FROM:

ROUND-A-BOUT  
TRANSPORTATION CO.1070 Tunnel Rd., Bldg 4, Ste 1  
Asheville, NC 28805

Phone

Phone

(828) 253-0057 C 828-641-94

Fax Phone

Fax Phone

(828) 298-6867

EMAIL

roundabout@bellsouth.net

## REMARKS:



Urgent



For your review



Reply ASAP



Please Comment

We are currently wheelchairs ambulatory providers in Asheville, NC, thus a NC notary. This application is missing the Insurance Quote as I am waiting for agent to get it back to me. He is my NC agent and is asking his legal about 'familiar' statement for SC.

I am hoping to begin transports through Logistixcare by end of September.

Please call with any questions.

I remain,

*Travis Parker Mtn*  
Asheville Transport, LLC